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Bib Data Sheet

CONFIRMATION NO. 1292

SERIAL NUMBER 09/701,933	FILING DATE 08/20/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. TB-1041A-US
APPLICANTS Tom Sander, Alachua, FL; Kevin C. Carter, Alachua, FL; Loic Josse, Palais, FRANCE; Lawrence M. Bovd, Memphis, TN;				
** CONTINUING DATA ***** This application is a 371 of PCT/US98/17769 08/27/1998 and is a CIP of 08/920,630 08/27/1997 ABN				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 22	TOTAL CLAIMS 65
INDEPENDENT CLAIMS 15				
ADDRESS Donald J. Pochopien MCANDREWS,HELD, & MALLOY, Ltd. 500 West Madison Street Suite 3400 Chicago ,IL 60661				
TITLE Cortical bone cervical smith-robinson fusion implant				
FILING FEE RECEIVED 2598	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 15		
ADDRESS Timothy H Van Dyke Bencen & Van Dyke 1630 Hillcrest Street Orlando, FL 32803				
TITLE Cortical bone cervical smith-robinson fusion implant				
FILING FEE RECEIVED 2598	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

NO Conflicts
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